# ALBERTA HEALTH FACILITIES REVIEW COMMITTEE

## ANNUAL REPORT 1986

# MEMBERS OF THE COMMITTEE 1986

| | | |
|---|---|---|
| **Chairman:** | Alan W. Hyland, MLA (Cypress-Redcliff) | Bow Island |
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| | Bob Worden | Midnapore |

Alberta

HEALTH FACILITIES REVIEW COMMITTEE

403/427-4924

2nd Floor, Pacific Plaza
10909 Jasper Avenue
Edmonton, Alberta, Canada
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20 March 1987

The Honourable Marvin Moore,
Minister of Hospitals and Medical Care,
Room 423, Legislature Building,
EDMONTON, Alberta.

Dear Mr. Moore:

I have the honour to present the Annual Report of the Alberta Health Facilities Review Committee, summarizing the activities of the Committee for the year ending 31 December 1986.

Respectfully submitted,

Alan W. Hyland, M.L.A.
Chairman

# 1986
# ANNUAL REPORT

of

# THE ALBERTA HEALTH FACILITIES REVIEW COMMITTEE

Submitted to

## THE HONOURABLE M. MOORE
## Minister of Hospitals and Medical Care

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# OVERVIEW — 1986

In executing the Committee's mandate in 1986, members made routine, unannounced visits to health care facilities and Senior Citizens' Lodges, received and investigated 78 complaints, and made recommendations to the Minister of Hospitals and Medical Care, the Minister of Housing, and to local Boards.

The Committee has been very pleased with the response of the two Ministries and the local Boards to their recommendations, and with the co-operation of the Boards, administrators and staff of the facilities visited.

# ACKNOWLEDGEMENT

Mr. Dennis Anderson, M.L.A., Chairman, and Mr. Carl Paproski, M.L.A. were replaced on the Committee after the 1986 election.

Members of the Committee wish to express their sincere appreciation to Mr. Anderson and Mr. Paproski for their valuable contribution to the work of the Committee.

# OBSERVATIONS

The Committee has been visiting health care facilities since 1974, and during that time has seen many improvements in Alberta's health care system. Medical knowledge has expanded to include highly sophisticated methods of treatment and aspects of care have changed with increased knowledge of paediatrics, geriatrics, mental dysfunction and other illnesses. Our members have been impressed with the dedication of staff, administration and trustees.

The Committee has appreciated the assistance and co-operation of staff at all levels in finding solutions to problems brought to the Committee's attention during the year. Also greatly appreciated was the valuable assistance of members of the Department of Hospitals and Medical Care.

## CONTINUITY OF CARE

In a recent periodical it was indicated that, by the year 2001, 12% of the Canadian population will be 65 years of age or older. (Gerontion, Vol I. No. I. Jan/Feb 1986). As the Committee visits lodges, nursing homes and auxiliary hospitals across the province, it appears that responsible planning must take place in the next few years.

The single point entry assessment tool is at present being piloted, and Home Care is available for elderly people both in their own homes and in Senior Citizens Lodges. The Committee has seen a number of changes in some lodges over the past year, with the addition of recreational aides, the Matrons' course, and innovative medication systems. The Foundations are to be commended for encouraging such changes.

However, continuity of care appears to be lacking throughout the system. Often a lodge resident is admitted to an active treatment hospital and then is not well enough to return to the lodge. This may mean a long stay in active treatment awaiting a nursing home or auxiliary hospital bed. Many active treatment beds, particularly in rural areas, are being used for long term patients. This is both costly and inefficient as staff geared to a busy illness-oriented hospital often have neither the time nor the necessary skills required for working with elderly patients. There is little in the way of activities and less in the way of rehabilitation.

The present system could possibly be streamlined to include home care, day care, respite care, and day therapy for people wishing to remain in their own homes or lodges, with access to an extended care facility (auxiliary hospital and nursing home under one roof) to provide the continuity of care that seniors require.

# AUXILIARY HOSPITALS

## CHANGING SCENE

The function of auxiliary hospitals has changed dramatically over the past years. Originally they were intended as reactivation hospitals for patients requiring physiotherapy, occupational therapy and other programs leading to discharge of the patient. The auxiliary hospital has now become an extended care facility, similar to a nursing home but providing a higher level of care. It is no longer a hospital, but is "home" to many residents young and old.

This being so, the Committee would recommend that consideration be given to creating a more home-like atmosphere, and changing the present regulations on leave to coincide more closely with the much more liberal rules governing nursing homes.

## INCREASED NURSING CARE

The Committee has observed an increase of residents in auxiliary hospitals who need complete care, and the nursing time required for feeding residents has greatly increased. Some facilities have adjusted nursing hours in order to have more staff during the evening meal, and, in some cases, to assist with evening activities. A provincial classification system would assist facilities in planning for all levels of care.

## FAMILY CONFERENCES

Many hospitals have established regular case conferences and family conferences and have found them to be of great benefit. The Committee would urge all auxiliary hospitals to introduce family/patient conferences to improve communication and receive input from families. Co-operation and understanding between staff and families are essential for the well-being of the residents. Families can be of great assistance to a facility and their participation should be encouraged.

## COMMUNICATION

Staff from some facilities participated in a workshop **Communication and Human Relations in Health Care Settings**, specifically designed to meet some of the human interaction situations involved with long term residents and families. The interaction is significantly different from that in an active treatment hospital, as there is a longer time period in which to establish a close relationship between the care giver and the care receiver. In-service programs in long term care facilities should include effective communication and human relations sessions to assist and support all staff in dealing with residents and their families.

## PALLIATIVE CARE

In some long term care facilities, the problems inherent in the loss of independence are being included in the palliative care program. Residents who have to deal with many losses such as the death of a loved one, the loss of hearing, sight, mobility, and familiar surroundings require special support. The program offers therapeutic services designed to address the physical, psycho-social and spiritual needs of these residents and their families. Volunteers are being recruited into the program after receiving training.

## EXTENDED CARE AREAS IN PROTOTYPICAL HOSPITALS

Some inadequacies in the extended care pods in the prototypical hospitals were commented on by staff and residents. The following design problems have been noted:

(a) Oxygen outlets are installed in only three rooms.

(b) The dining-room areas are also used for activities, and crafts must be removed before meals, which makes it difficult for recreational staff to organize extended programs.

(c) The square footage of lounge areas is inadequate and cannot comfortably accommodate the number of residents who may wish to watch television.

When future hospitals are planned these problems should be addressed.

## PSYCHOGERIATRIC CARE

In the 1985 Annual Report it was noted that the Government had announced that twelve 30-bed units for the care of psychogeriatric patients would be distributed throughout the Province. These units are intended for the care of patients with severe dementia and major behavioural problems, and to provide consultative backup to nursing homes and auxiliary hospitals. The first three of these units are now in operation.

## YOUNG PHYSICALLY DISABLED RESIDENTS

In previous annual reports the need for special units for young physically disabled people was stressed, and it is gratifying to note that two of these units are now in place.

## PHYSIOTHERAPISTS AND OCCUPATIONAL THERAPISTS

With the continuing shortage of both occupational and physiotherapists, the Committee was pleased to note that universities have increased the number of students enrolled in each class from 44 to 66.

## INNOVATIONS

In visiting Alberta health care facilities, the Committee has observed that many innovations regarding patient care have been initiated and have met with considerable success.

**EXAMPLE:**

For safety of patients classified as wanderers, an electronic security door system was installed in a geriatric care centre. Our Committee has been informed by nursing staff that this system allows patients more freedom within the facility, and they appear happier and less agitated. Staff continue to monitor the patients at frequent intervals but say they do not experience the same degree of anxiety knowing they will be alerted should patients attempt to leave the premises.

# SENIOR CITIZENS LODGES

## NIGHT SUPERVISORS

Most lodges now have a night supervisor who is assigned duties as well as making regular rounds of the lodge during the night. Residents generally are pleased with this change and feel more secure. The lodges which still have a sleep-in night person or matron may wish to review the needs of their particular lodge. Because of the age and health status of many residents, some live-in matrons are disturbed several times during the night.

## ACTIVITIES

A number of lodges in the Province now have Activities Directors, and the Committee has noted a marked improvement in the number of social and recreational programs. Residents appear happier when an Activities Director is there to provide leadership.

Although there are other factors affecting vacancy rate, an in-house survey indicated that 21 lodges with good activities programs have a vacancy rate of 4.66%, and 21 lodges with minimal activities have a vacancy rate of 15.4%. Urban lodges were not included in this survey.

The Committee recommends that funds for recreational activities staff be considered when budgets are being prepared by the Foundations.

## MATRONS' TRAINING COURSE

The Committee commented on the establishment of this course in the 1985 Annual Report. The first class has completed the course and the second class is near completion. All matrons who were enrolled found the course to be beneficial and comprehensive. They appreciated the opportunity to take the course, and their lodges will be enriched by their participation.

## ROOM RATES

In the older lodges (1960 to 1964), many of the original double rooms, with toilet and washbasin only, have been reclassified as "special singles". Residents of these rooms share bathing facilities with other residents in that wing. (Approximately 20 residents.)

Residents have expressed displeasure that the rent of these "special singles" are higher than that of the single rooms with bath, which are provided in the new wings of the same building.

# UPDATE ON 1985 DISCUSSION PAPER ON SENIOR CITIZENS LODGES

Since the Committee's 1985 report on the higher average age of lodge residents and the resulting need for some form of health care, the Alberta Mortgage and Housing Corporation, the Housing Planning Secretariat of the Department of Municipal Affairs, and the Senior Citizens' Homes Association have taken a number of positive steps, one of which was the Lodge Residents' Survey. During 1986 a working committee undertook the task of surveying individual lodge residents by mailing a questionnaire to each one.

The terms of reference were:

1. To determine the number and characteristics of senior citizens who would benefit from the existing or modified version of the lodge program.
2. To develop and refine program policy to meet the needs of the client group.

The final analysis is expected in June 1987.

Some of the date compiled as a result of the survey compared the lodge system in 1978 to that of 1986, and covered the following areas:

— Overall resident attitudes towards lodges prior to, and after, admission.

— Residents receiving assistance with walking, dressing, grooming, bathing, eating, toileting, and personal laundry.

— Residents' level of satisfaction with selected lodge design features.

— Proportion of lodges providing personal care assistance to residents in such areas as arranging transportation, contacting physicians and arranging Home Care.

— Contact person for residents requiring assistance with personal care.

— Persons assisting with administration of medication. Preliminary results showed 80.6 per cent self administered, 11.6 per cent by lodge staff, 7.8 per cent by others.

Other data related to social, recreational and entertainment programs within the lodge system.

An important aspect of the survey included age distribution of lodge residents by year. Preliminary results were:

| | 64-75 age group | 75-84 age group | 86 and over |
|---|---|---|---|
| 1974/75 | 25.4% | 57.1% | 14.5% |
| 1986 | 14.7% | 45.2% | 37% |

As mentioned in the 1985 Health Facilities Review Committee report, the proportion of residents requiring some form of health care is increasing as the average age rises.

At their annual convention in Red Deer, the Alberta Senior Citizens' Homes Association carried several important resolutions and motions.

A policy, drawn up by the Alberta Senior Citizens' Homes Association executive and the Alberta Association of Registered Nurses, pertaining to medications within the lodge system was approved in principle.

A further motion on the single point of entry was carried. The motion read:

> That government be requested to ensure that the Senior Citizens' Homes Association remain an active part of the single point of entry and be a major part of the decision making.

The Health Facilities Review Committee recognizes the positive steps taken by Housing Planning Secretariat, Alberta Mortgage and Housing Corporation, and the Alberta Senior Citizens' Homes Association to improve the quality of care given within the lodge system.

## FUTURE UNDERTAKINGS

A few rural lodges have indicated they are planning to introduce some form of health care within their facilities. The Health Facilities Review Committee believes that this additional care may be an alternative until such time as the demand for auxiliary and nursing care beds can be met.

## SHARED HOMES FOR SENIOR CITIZENS

In 1985 our Committee reported on a unique concept which the Lutheran Welfare Society of Alberta in Calgary was investigating. This concept involved the development of a Shared Home Program for senior citizens which would house approximately ten people in the same unit. So far, construction has not begun. The Committee looks forward to the success of this pilot project.

# APPENDIX I

## HISTORY OF THE COMMITTEE

The Alberta Hospital Visitors Committee was established by the Alberta Hospital Visitors Committee Act in 1972, with a mandate to visit and inspect health facilities throughout the Province. Institutions included were Active Treatment Hospitals, Auxiliary Hospitals, Nursing Homes, Mental Health Facilities, and Homes for Special Care. The Act was amended in 1973 to include Senior Citizens Lodges and Contract Nursing Homes. The first meeting of the Committee took place in November 1973 and the first visits in March 1974.

An amendment in November 1978 changed the name to the Alberta Health Facilities Review Committee, and clarified the Committee's authority to receive and investigate complaints. The investigation of complaints had always been part of the Committee's role, but it was felt that it should be clearly stated that the Committee's mandate included the investigation of complaints in private nursing homes.

Social Services and Community Health institutions, and Mental Health Hospitals, were removed from the Committee's mandate, and the Social Care Facilities Review Committee was established to undertake this responsibility. Subsequently, in 1983, the two Mental Health Hospitals were returned to the mandate of the Health Facilities Review Committee.

The revised Alberta Health Facilities Review Committee Act was proclaimed in August 1980. The Act provides broad terms of reference for the Committee's activities, excluding only access to individual treatment records and financial records of the institution. Further amendments were made in the Health Facilities Review Committee Act, 9 January 1984.

# APPENDIX II

# ACTIVITIES

## REGULAR MEETINGS

Meetings of the Committee are held regularly, usually at monthly intervals. The Committee's schedule for the forthcoming month is approved, reports are presented on institutions visited, and the status of complaints under investigation is reviewed. Twelve regular meetings were held during 1986.

## DISCUSSIONS WERE HELD WITH THE FOLLOWING:

**The Honourable Marvin Moore,**
**Minister of Hospitals and Medical Care**

**Mr. R. Campbell, Director,**
**Housing Planning Secretariat**

**Mr. Ed Wahl, Barrister and Solicitor,**
**Civil Law Section**

**College of Physicians and Surgeons:**
Dr. R. Bennett, President
Dr. L.H. LeRiche, Registrar

**Senior Citizens Advisory Council:**
Mr. H. Alger, M.L.A., Chairman
Mr. R. Clark, Vice-Chairman

## CONVENTIONS ATTENDED

Alberta Hospitals Association Convention

Senior Citizens Homes Association

## SEMINARS ATTENDED

Seminar on Longterm Care —
Accreditation Standard and Quality Assurance

The Future of the Health Care System —
Dr. Kenneth Barker

## MEETINGS WITH OUTSIDE GROUPS

Meeting with the Health Committee of
the Council on Aging.

25th Anniversary of Hospital District No. 24,
Edmonton.

# ROUTINE VISITS

Routine visits to facilities are planned monthly, and are authorized by resolution of the Committee. A visiting team is usually made up of two to four members, and time spent at each facility varies. Visits are always unannounced.

The visiting team reports on care, atmosphere, comfort, food, activities and programs, community involvement, patient/guest morale, staff morale and general attitudes, and physical plant. After meeting with the administration members conduct the visit unaccompanied by staff. Discussions with patients, staff and visitors are, as often as possible, on a one-to-one basis and confidentiality is respected. The Committee sees its role as that of considering the facility from a patient's/residents point of view.

The visiting members prepare a written report on the facility for the Committee's records and the findings of the visit are discussed by the Committee at the next regular meeting. When concerns are expressed or favourable comments made to the visiting members, they are brought to the attention of the facility's administration and/or Board and in some cases the appropriate Government Minister, by letter or verbally. Where necessary the Committee schedules a follow-up visit.

The following institutions were visited in 1986 (Additional visits were made to investigate complaints).

## GENERAL HOSPITALS (96)

Athabasca Municipal Hospital
Barrhead General Hospital
Bashaw General Hospital
Bassano General Hospital
Beaverlodge Municipal Hospital
Black Diamond — Oilfields General Hospital
Blairmore — Crowsnest Pass General Hospital
Bonnyville — St. Louis General Hospital
Bow Island Health Care Centre
Brooks Health Care Centre
Calgary — Alberta Children's Provincial General Hospital
Calgary — Colonel Belcher Hospital
Calgary — Holy Cross Hospital
Calgary — Rockyview General Hospital
Calgary — Salvation Army Grace
Calgary — Tom Baker Cancer Centre
Camrose — St. Mary's General Hospital
Canmore Municipal Hospital
Carmangay — Little Bow Municipal Hospital
Castor — Our Lady of the Rosary General Hospital
Cereal Municipal Hospital
Claresholm General Hospital
Coaldale Community General Hospital
Cold Lake — John Neil General Hospital
Consort Municipal Hospital
Coronation Municipal Hospital
Daysland General Hospital
Devon Civic Hospital
Didsbury — Mount View Health Care Centre
Drayton Valley Health Care Complex
Drumheller General Hospital
Eckville Municipal Hospital
Edmonton -- Charles Camsell Hospital
Edmonton General Hospital
Edmonton — Glenrose Provincial General Hospital
Edmonton — University of Alberta
Edmonton — Cross Cancer Institute
Edson — St. John's Health Care Complex
Elk Point Municipal Hospital
Elnora General Hospital
Empress Municipal Hospital
Fairview Municipal Hospital
Fort Macleod Health Care Centre
Fort McMurray Regional Hospital
Fort Saskatchewan General Hospital
Fort Vermilion — St. Theresa General Hospital
Glendon Municipal Hospital
Grande Cache General Hospital
Grande Prairie Municipal Hospital
Hanna General Hospital
High Level Community High Care Centre
High Prairie Regional Health Care Complex
High River General Hospital
Hinton General Hospital
Hythe Municipal Hospital
Innisfail Health Care Centre
Killam General Hospital
Lac La Biche — William J. Carzow General Hospital
Lamont — Archer Memorial Hospital
Lethbridge Municipal Hospital
Milk River — Border Counties General Hospital
Mundare — Mary Immaculate General Hospital
Myrnam Municipal Hospital
McLennan — Sacred Heart General Hospital
Olds Municipal Hospital
Oyen — Big Country General Hospital
Peace River Municipal Hospital
Picture Butte Municipal Hospital
Pincher Creek Health Care Centre
Ponoka General Hospital
Radway Health Care Centre
Raymond Municipal Hospital
Red Deer Regional Hospital
Rimbey General Hospital
Rocky Mountain House General Hospital
Slave Lake General Hospital
Smoky Lake — George McDougall Memorial Hospital
Spirit River — Central Peace General Hospital
Stettler General Hospital
Stony Plain General Hospital
Strathmore — Valley General Hospital and Extended Care Centre
Sundre General Hospital
St. Albert — Sturgeon General Hospital
St. Paul — St. Therese General Hospital
Three Hills Health Care Centre
Tofield Municipal Hospital
Trochu — St. Mary's Health Care Centre
Two Hills Health Care Centre
Valleyview Health Care Centre
Vegreville — St. Joseph's General Hospital
Vermilion Health Care Complex
Vilna — Our Lady's General Hospital
Vulcan Municipal Hospital
Wainwright General Hospital
Westlock — Immaculata General Hospital
Willingdon — Mary Immaculate General Hospital

## AUXILIARY HOSPITALS (26)

Calgary — Bethany Care Centre
Calgary — Cross Bow Auxiliary Hospital
Calgary — Fanning Centre
Calgary — Glenmore Park Auxiliary Hospital
Calgary — Sarcee Auxiliary Hospital
Camrose — Bethany Auxiliary Hospital
Claresholm — Willow Creek-Claresholm Auxiliary Hospital
Coronation Auxiliary Hospital
Drumheller — J. Cramer Auxiliary Hospital
Edmonton — Allen Gray Auxiliary Hospital
Edmonton — Dickinsfield Extended Care Centre
Edmonton — Grandview Auxiliary Hospital
Edmonton — Lynnwood Auxiliary Hospital
Edmonton — Mewburn Veteran's Centre
Edmonton — Millwoods Shepherd's Care Centre
Edmonton — St. Joseph's Auxiliary Hospital
Edmonton — University of Alberta Aberhart Wing
Grande Prairie Auxiliary Hospital
Lamont Auxiliary Hospital
Lethbridge Rehabilitation Hospital
Red Deer — Dr. Richard Parsons Auxiliary Hospital
Rimbey Auxiliary Hospital
Stettler — Dr. A.E. Kennedy Auxiliary Hospital
Vegreville — Minburn-Eagle Auxiliary Hospital
Westlock — Thorhild-Westlock Auxiliary Hospital
Whitelaw — Hotel-Dieu de St. Joseph Auxiliary

## NURSING HOMES (56)

Athabasca — Extendicare Nursing Home
Barrhead Nursing Home
Blairmore — Crowsnest Pass Nursing Home
Bonnyville — Extendicare Nursing Home
Brooks — Newell Nursing Home
Calgary — Beverly Nursing Home
Calgary — Bow-Crest Nursing Home
Calgary — Bow View Nursing Home
Calgary — Brentwood Nursing Home
Calgary — Central Park Lodge Nursing Home
Calgary — Chinook Nursing Home
Calgary — Extendicare Nursing Home
Calgary — Glamorgan Nursing Home
Calgary — Mayfair Nursing Home
Calgary — Scottish Nursing Home
Calgary — Southwood Nursing Home
Camrose — Bethany Nursing Home
Coronation — Paintearth Nursing Home
Drumheller — Dr. T.R. Ross Memorial Nursing Home
Edmonton — Dr. Angus McGugan Nursing Home
Edmonton — Extendicare (North) Nursing Home
Edmonton — Extendicare Nursing Home (Southgate)
Edmonton — Good Samaritan Care Centre (Mount Pleasant)
Edmonton — Good Samaritan Care Centre (Southgate)
Edmonton — Jasper Place Central Park Lodge Nursing Home
Edmonton — Jubilee Lodge Nursing Home
Edmonton — St. Michael's Extended Care Centre Nursing Home
Edmonton — Venta Nursing Home
Edson Nursing Home
Fairview Nursing Home
Fort Macleod — Extendicare Nursing Home
Fort Saskatchewan — Rivercrest Lodge Nursing Home
Grande Prairie Central Park Lodge Nursing Home
Hanna — Palliser Nursing Home
High Prairie — J.B. Wood Nursing Home
High River Nursing Home
Lamont Nursing Home
Lethbridge — Edith Cavell Nursing Home
Lethbridge — Southland Nursing Home
Linden Nursing Home
Medicine Hat — Central Park Lodge Nursing Home
Medicine Hat — Sunnyside Nursing Home
Midnapore — Father Lacombe Nursing Home
McLennan — Our Lady of the Lake Nursing Home
Peace River — Sutherland Nursing Home
Ponoka — Northcott Lodge Nursing Home
Red Deer Nursing Home
Red Deer — West Park Nursing Home
Sherwood Park Nursing Home
Smoky Lake Nursing Home
Stettler Nursing Home
St. Albert — Youville Nursing Home
St. Paul — Extendicare Nursing Home
Vegreville Nursing Home
Vermilion — Alice Keith Nursing Home
Vulcan — Extendicare Nursing Home

# SENIOR CITIZENS LODGES (107)

Athabasca — Pleasant Valley Lodge
Barrhead — Hillcrest Senior Citizens' Lodge
Bashaw Valley Lodge
Bassano — Playfair Lodge
Black Diamond — High Country Lodge
Blairmore — York Creek Lodge
Bonnyville — Bonny Lodge
Bow Island — Pleasant View Lodge
Brooks — Newbrook Lodge
Calgary — Beaver Dam Lodge 1200
Calgary — Bow Valley Lodge 100
Calgary — Bow Valley Lodge 200
Calgary — Bow Valley Lodge 300
Calgary — Confederation Park Lodge
Calgary — Elbow Valley Lodge 700
Calgary — Elbow Valley Lodge 800
Calgary — Jacques Lodge 400
Calgary — Jacques Lodge 500
Calgary — Jacques Lodge 600
Calgary — James Shouldice Lodge 1300
Calgary — Rundle Lodge 900
Calgary — Valleyview Lodge 1400
Camrose — Stoney Creek Lodge
Canmore — Bow River Lodge
Castor — Paintearth Lodge
Claresholm — Porcupine Hills Lodge
Coaldale — Sunny South Lodge
Cochrane Big Hill Lodge
Cold Lake Lodge
Consort Lodge
Crossfield — Rocky View Lodge
Drayton Valley — Shangri La Lodge
Drumheller — Sunshine Lodge
Eckville — Manor House
Edmonton — Belvedere Lodge
Edmonton — Bethany Lodge
Edmonton — Elmwood Lodge
Edmonton — Kiwanis Place
Edmonton — McCauley Lodge
Edmonton — McQueen Lodge
Edmonton — Meadowlark Lodge
Edmonton — Northway Lodge
Edmonton — Ottewell Lodge
Edmonton — Pleasantview Lodge
Edmonton — Queen Alexandra Lodge
Edmonton — Rosslyn Lodge
Edmonton — Virginia Park Lodge
Edson — Parkland Lodge
Elk Point Heritage Lodge
Evansburg — Sunshine Lodge
Fahler — Villa Beausejour Lodge
Fort Chipewyan — Ayabashaw House
Fort MacLeod — Pioneer Lodge
Fort Saskatchewan — Dr. Turner Lodge
Gibbons — Spruce View Manor
Grande Prairie — Wild Rose Manor
Hanna Lodge
High Prairie — Pleasant View Lodge
High River — Medicine Tree Manor
Holden Lodge
Hythe Pioneer Home
Innisfail — Autumn Glen Lodge
Lac La Biche — Lacalta Lodge
Lacombe Lodge
Lamont — Beaverhill Pioneer Lodge
Leduc — Planeview Manor
Lethbridge — Alberta Rose Lodge
Lethbridge — Golden Acres Lodge
Lethbridge — Green Acres Lodge
Medicine Hat — Cypress View Lodge
Medicine Hat — Teepoda Lodge
Medicine Hat — Wild Rose Lodge
Milk River — Prairie Rose Lodge
Morinville — Heritage Place Lodge
Mundare — Father Filas Lodge
Myrnam — Eagle View Lodge
Nanton — Silver Willow Lodge
Olds — Mount View Lodge
Oyen — Prairie Home Lodge
Peace River — Heritage Tower Lodge
Picture Butte — Piyami Lodge
Pincher Creek — Crest View Lodge
Ponoka — Golden Leisure Lodge
Raymond — Ridge View Lodge
Rimbey — Parkland Manor
Sherwood Park Lodge
Smoky Lake — Bar-V-Nook Manor
Spirit River — Pleasant View Lodge
Stettler — Heart Haven Home
Stony Plain — Meridian Lodge
Strathmore — Wheatland Lodge
Sundre — Foothills Retreat Lodge
St. Albert — Chateau Mission Court
St. Paul — Sunnyside Manor
Three Hills — Golden Hills Lodge
Tofield Lodge
Two Hills — Hillside Senior Citizens' Lodge
Valleyview — Red Willow Lodge

Vegreville — The Homestead Senior Citizens' Lodge
Vermilion Valley Lodge
Vilna Lodge
Vulcan — Peter Dawson Lodge
Wainwright — Battle River Lodge
Warburg — Clover Leaf Manor
Westlock — Pembina Lodge
Westlock — Smithfield Lodge
Willingdon — Eagle Hill Manor

## MENTAL HEALTH (1)

Edmonton — Alberta Hospital

# COMPLAINTS

The Committee receives written and telephoned complaints in addition to those received during visits. These complaints take precedence over routine visits and are investigated as soon as possible. Exceptions are concerns of a non-urgent nature which do not affect patient care. These are investigated on the next routine visit to the institution.

The Committee received 78 complaints during the year. Two complaints received in 1985 were investigated and resolved in 1986.

| TYPE of FACILITY | NUMBER of COMPLAINTS |
|---|---|
| General Hospitals | 12 |
| Auxiliary Hospitals | 19 |
| Nursing Homes | 35 |
| Senior Citizens' Lodges | 8 |
| Mental Health Hospitals | 2 |
| Miscellaneous | 2 |

| STATUS of COMPLAINTS at END of YEAR | |
|---|---|
| Resolved | 20 |
| Recommendations made | 32 |
| Outside Committee's jurisdiction | 4 |
| Withdrawn by complainant | 6 |
| Unsubstantiated | 9 |
| Referred to appropriate authority | 1 |
| Under investigation at end of year | 2 |
| For next routine visit | 2 |
| Held over to 1987 | 2 |

## NATURE OF COMPLAINTS

### GENERAL HOSPITALS

— Lack of communication with relatives
— Shortage of staff
— Patient wished to be moved
— Alleged physician's error
— Poor patient care
— Poor condition of building

### AUXILIARY HOSPITALS

— Poor patient care
— Poor staff attitude
— Unprofessional conduct

### MENTAL HEALTH HOSPITALS

— Alleged forced confinement
— Patient falling

### NURSING HOMES

— Food
— Poor staff attitude
— Poor communication with relatives
— Lack of recreational activities
— Poor patient care
— Missing articles
— Lack of staff supervision
— Some unruly residents affecting morale of others
— Shortage of staff

### SENIOR CITIZENS LODGES

— Poor staff morale
— Food
— Nepotism
— Charges for replacement of carpeting

# APPENDIX III

GOVERNMENT OF THE PROVINCE OF ALBERTA

# HEALTH FACILITIES REVIEW COMMITTEE ACT

**Revised Statutes of Alberta 1980, Chapter H-4**
**as amended to January 9, 1984**

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## OFFICE CONSOLIDATION

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# HEALTH FACILITIES REVIEW COMMITTEE ACT

## CHAPTER H-4

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HER MAJESTY, by and with the advice and consent of the Legislative Assembly of Alberta, enacts as follows:

Definitions

**1** In this Act,

(a) "Committee" means the Alberta Health Facilities Review Committee and includes a subcommittee established under section 3;

(b) "hospital" means

(i) an approved hospital under *Hospitals Act*,

(ii) any other hospital, institution or other facility for the treatment and care of persons that is owned and operated by the Government of Alberta, except those operated under the administration of the Minister of Social Services and Community Health or those that receive their current operating funds or part of them from a supply vote that is under the administration of a member of the Executive Council other than the Minister of Hospitals and Medical Care,

(ii.1) a mental health hospital under the *Mental Health Act*,

(iii) a contract nursing home as defined in the *Nursing Homes Act*, or

(iv) a home or unit operated under the *Senior Citizens Housing Act*;

(c) "Minister" means the Minister of Hospitals and Medical Care;

(d) "patient", with reference to a home or unit operated under the *Senior Citizens Housing Act*, means a person who resides in that home or unit.

RSA 1980 cH-4 s1; 1981 c72 s10

Committee established

**2**(1) There is hereby established a committee called the "Alberta Health Facilities Review Committee" consisting of not more than 12 members appointed by the Minister.

(2) The members of the Committee may include members of the Legislative Assembly who are not members of the Executive Council.

(3) An order appointing a member of the Committee may provide for his term of office but in the absence of such a provision, the term of office of a member is one year from the effective date of his appointment and thereafter until his successor is appointed.

(4) The Minister shall designate one of the members of the Committee as chairman and another as a vice-chairman and, unless the order otherwise provides, the term of office of a chairman or vice-chairman so designated is one year from the effective date of the designation and until their respective successors are thereafter designated.

(5) The vice-chairman is the acting chairman of the Committee in the event of the absence or inability to act of the chairman or a vacancy in the office of chairman.

RSA 1980 cH-4 s2; 1983 c81 s4

Sub-committees

**3**(1) The Committee may

(a) establish one or more sub-committees to perform those duties and functions and exercise those powers of the Committee prescribed by the Committee, and

(b) appoint as members of a sub-committee not less than 3 members of the Committee.

(2) When a sub-committee is established, the Committee shall designate a member of a sub-committee to preside over the sub-committee.

(3) A member of the Committee may be appointed to more than one sub-committee.

(4) A majority of the members appointed to a sub-committee constitute a quorum of the sub-committee.

(5) A decision or other action made or taken by a sub-committee at which its quorum is present is the decision or action of the Committee and binds all members of the Committee.

(6) Two or more sub-committees may act simultaneously.

(7) If a sub-committee is performing a duty or function or exercising its powers and one or more members of the sub-committee are absent during a portion of the time that the sub-committee is performing a duty or function or exercising a power, the remaining members of the sub-committee that are present may, if they constitute a quorum of the sub-committee, perform the duty or function and exercise the power of the sub-committee.

(8) Notwithstanding that a sub-committee is established under this section, the Committee may also perform any duty or function or exercise any power that is prescribed the sub-committee to perform or exercise.

RSA 1980 cH-4 s3

Remuneration and expenses

**4** The Minister

(a) may prescribe the rates of remuneration payable to members of the Committee other than those who are employees of the Government or members or employees of an agency of the Government, and

(b) may authorize the payment of travelling and living expenses for members of the Committee while outside their normal place of residence in the course of performing their duties.

RSA 1980 cH-4 s4; 1983 c81 s4

Staff

**5**(1) The Minister may appoint an employee of the Government under his administration as the Executive Director of the Committee who shall under the direction of the chairman of the Committee assist the Committee in carrying out its duties and functions and exercising its powers.

(2) The Minister shall provide to the Committee the services of employees of the Government under his administration and supplies for the purpose of carrying out secretarial, clerical and related work that the Committee may reasonably require to enable it to carry out its duties and functions and exercise its powers.

RSA 1980 cH-4 s5

Meetings

**6** The Committee may, with the approval of the Minister, make rules governing the calling of its meetings, the quorum required at its meetings, the procedure at its meetings, and any other matter relating to the conduct of its business and affairs.

RSA 1980 cH-4 s6; 1983 c81 s4

Visiting hospital

**7**(1) The Committee shall from time to time visit all hospitals for the purpose of reviewing and inspecting them and the manner in which they are operated.

(2) The Minister may from time to time request the Committee to conduct a visit to a hospital for the purposes of reporting to the Minister on any matter that the Minister specifies in his request.

RSA 1980 cH-4 s7

Investigation of hospital

**8** If a complaint is made to the Committee by or on behalf of a patient in a hospital, the Committee shall investigate the care and

treatment and the standards of accommodation received by that patient or any other patient in the hospital.

RSA 1980 cH-4 s8

Entry of hospital

**9** For the purpose of carrying out a visit or an investigation under this Act the Committee may enter a hospital at any reasonable hour.

RSA 1980 cH-4 s9

Inspection of hospital records

**10**(1) The Committee, with respect to a visit or an investigation under this Act, is entitled to access to the records of the hospital for the purpose of inspecting them, making copies of them or taking extracts from them.

(2) Subsection (1) does not apply to

(a) the financial records of the hospital that relate to the operation of the hospital, or

(b) the medical and clinical records of a patient unless the patient of his guardian gives his consent to those records being inspected.

RSA 1980 cH-4 s10

Exemption

**11** Nothing in this Act shall be construed as empowering the Committee or other person acting under this Act to inquire into the financial affairs of the hospital that relate to the operation of the hospital.

RSA 19809 cH-4 s11

Persons acting on behalf of Committee

**12**(1) The Committee may authorize

(a) a member of the Committee to carry out a visit or investigation on behalf of the Committee, or

(b) subject to the approval of the Minister, an employee of the Government under the Minister's administration to carry out a specific inquiry on behalf of the Committee in respect of a visit or investigation.

(2) When a member of the Committee or other person has carried out a visit, investigation or specific inquiry on behalf of the Committee, that member or person shall report his findings to the Committee.

RSA 1980 cH-4 s12

Complaint officer

**13**(1) The Committee may designate

(a) a member of the Committee, or

(b) with the approval of the Minister, an employee of the Government who is under the administration of the Minister,

as a complaint officer.

(2) The complaint officer shall on behalf of the Committee

(a) make preliminary inquiries, or

(b) if directed to do so by the chairman of the Committee, make investigations

into complaints received under section 8 and report the results of the inquiry or investigation to the Committee.

(3) Members of the Committee at the request of the chairman of the Committee may assist the complaint officer in the carrying out of his duties.

RSA 1980 cH-4 s13

Powers of Committee members

**14** A member of the Committee or an employee of the Government carrying out a visit, investigation or other matter on behalf of the Committee has the same powers that the Committee would have if it were carrying out the visit, investigation or other matter.

RSA 1980 cH-4 s14

Court order

**15**(1) If the Committee, a member of the Committee or an employee of the Government acting on behalf of the Committee is refused entry to a hospital for the purposes of conducting a visit or an investigation, the chairman of the Committee or a person designated by him may apply to the Court of Queen's Bench by originating notice for an order permitting the Committee, member or employee to

(a) enter the hospital at any reasonable hour and conduct the visit or investigation, and

(b) require the production of any records of the hospital, other than those referred to in section 10(2).

(2) An application under subsection (1) may be made ex parte, if the Court considers it proper to do so in the circumstances.

RSA 19809 cH-4 s15

Annual report

**16**(1) As soon as possible after the end of each year, the Committee shall prepare and submit to the Minister a report summarizing its activities in that year.

(2) On receiving a report under subsection (1), the Minister shall lay a copy of the report before the Legislative Assembly if it is then in session, and if not, within 15 days after the commencement of the next ensuing session.

RSA 1980 cH-4 s16

Act binds Crown

**17** This Act binds the Crown.

RSA 1980 cH-4 s17

# HEALTH FACILITIES REVIEW COMMITTEE

The office of the Committee is on the second floor of the Pacific Plaza, 10909 Jasper Avenue, Edmonton. T5J 3M9. Telephone: 427-4924.

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|---|---|---|
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